

INVESTIGATIVE REPORT NOTICE AND AUTHORIZATION

Dear Healthcare Professional:

As mandated by NYS and federal regulations, all prospective consultants, subcontractors and employees must be screened by The Chauncey Group International (A service formerly provided by ASI) as part of HealthPro Staffing, Inc.'s registration process prior to considering your services. In order to procure the investigative report, you are required to provide us with your social security number.

By your signature below, you hereby authorize HealthPro Staffing, Inc. to obtain the report. You acknowledge that the information contained in this report is derived from governmental and administrative agencies.

Additionally, by signing this document you understand and agree to allow HealthPro Staffing, Inc. to release this information to client facilities that may have need of your services.

Further, no matter the results of your screening and/ or any staffing decisions made thereafter by HealthPro Staffing, Inc. or by client facilities, you fully agree to hold harmless all entities that review your report including but not limited to HealthPro Staffing, Inc., its administration, agents, and employees and HealthPro Staffing, Inc.'s client facilities, their administration, agents, and employees.

Dated: _____

SSN: _____

Signature: _____

Name: _____

Discipline: _____

License Number: _____